

**PATENT** Attorney Docket No.: BALL-13512

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Peter Berrang

Group No.: Examiner:

3735 Hopkins, K.

Serial No.:

10/624,467 07/23/2003

Filed: Entitled:

**Totally Implantable Hearing Prosthesis** 

# TRANSMITTAL OF POWER OF ATTORNEY AND CHANGE OF ADDRESS CORRESPONDENCE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

#### CERTIFICATE OF MAILING UNDER 37 CFR § 1.8(a)(1)(i)(A)

I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is, on the date shown below, being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: April 26, 2007

Jennifer B. Xistris

Sir or Madam:

Applicant(s) submit(s) the following documents:

Fully Executed Power Of Attorney By Assignee and Change of Correspondence Address;

Applicants believe that no fee is due at this time:

The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s), and/or credit any overpayment, to Deposit Account No. 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.

Date: April 26, 2007

Jason R. Bond

Registration No. 45,439

MEDLEN & CARROLL, LLP 101 Howard Street, Suite 350 San Francisco, California 94105

608/218-6900



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## POWER OF ATTORNEY BY ASSIGNEE AND CHANGE OF **CORRESPONDENCE ADDRESS**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Med-El Elektro-Medizinische Gerate Gesellschaft m.b.H. as Assignee of record of the entire interest of the above-identified patent application, hereby appoints the firm of MEDLEN & CARROLL, LLP, a firm composed of:

☑ Practitioners associated with Customer Number:

23535

as its attorneys with full power of substitution to prosecute this application and transact all business in the Patent and Trademark Office in connection therewith.

Please direct all future correspondence and telephone calls regarding this application to:

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(608) 218-6900

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I hereby certify that the Assignment document filed with the application, or filed subsequent to the filing date of the application, has been reviewed and I hereby certify that, to the best of my knowledge and belief, title is with Med-El Elektro-Medizinische Gerate Gesellschaft m.b.H.

Dated: 25 04, 200

By:

Name:

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